

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 2 | 1 | | | | |
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| TOTAL CLAIMS | 3 | 2 | | | | |

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| TOTAL IND. | | 1 | | 1 | | 1 |
| TOTAL DEP. | | 1 | | 1 | | 1 |
| TOTAL CLAIMS | | 2 | | 2 | | 2 |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS